LEAFLET ORDER FORM

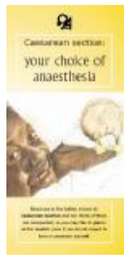
Form may also be downloaded from www.oaaformothers.info

Obstetric Anaesthetists' Association

Pain Relief in Labour

16 page leaflet

£120 per box of 750 leaflets (VAT zero rated)



Caesarean Section: your choice of anaesthesia

16 page leaflet

£120 per box of 750 leaflets (VAT zero rated)

Pain Relief in Labour leaflet (price includes mainland UK delivery)
…… boxes @ £120 per box (750 leaflets) *(VAT zero rated)* £……

Caesarean Section: your choice of anaesthesia leaflet (price includes mainland UK delivery)
…… boxes @ £120 per box (750 leaflets) *(VAT zero rated)* £……

Delivery charge **for non-mainland UK delivery only**: *please obtain from OAA Secretariat before ordering).* £……

TOTAL: £ ……..

Hospital:

Contact name:
Contact tel:
Email:
Order number:

Deliver to:

PAYMENT

Payment must accompany the order and invoices will not be issued.
The leaflets will be despatched direct from the printer.

☐ I enclose a cheque made payable to "OAA" for the total above

or

☐ Please charge my credit card with the total above

☐ VISA ☐ MASTERCARD ☐ DINERS ☐ AMEX ☐ MAESTRO

Cardholder's Name ……..

Card number Maestro only

Date valid from / Expiry date /

Card Security Code Maestro: issue number

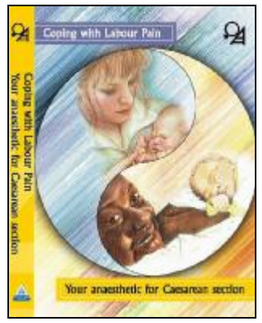
last 3 digits (4 for Amex) of number printed on signature strip

Cardholder's signature ……..

Return to: **OAA Secretariat, PO Box 3219 Barnes, London SW13 9XR, UK**
or fax to: **+44 (0)20 8741 0611** Tel: +44 (0)20 8741 1311 Email: secretariat@oaa-anaes.ac.uk

DVD ORDER FORM

Order form also available from: www.oaaformothers.info



The two films: 'Coping with Labour Pain' and 'Your Anaesthetic for Caesarean section' are combined onto one DVD.

The films are intended for expectant mothers and can be played during antenatal classes. Each can be used in conjunction with the leaflets on the same topics.

Clips from the films can be viewed from the website above.

Double DVD: Coping with Labour Pain *and* Your anaesthetic for Caesarean Section
…… DVDs @ £12.50 (OAA/RCOG members) Total: £……
or …… DVDs @ £15.00 (non-members) Total: £……
(VAT zero rated)

Hospital:

Contact name:
Contact tel:
Email:
Order number:

Deliver to:

PAYMENT

Payment must accompany the order and invoices will not be issued.

☐ I enclose a cheque made payable to "OAA" for the total above

or

☐ Please charge my credit card with the total above

☐ VISA ☐ MASTERCARD ☐ DINERS ☐ AMEX ☐ MAESTRO

Cardholder's Name ……..

Card number Maestro only

Date valid from / Expiry date /

Card Security Code Maestro: issue number

last 3 digits (4 for Amex) of number printed on signature strip

Cardholder's signature ……..

Return to: **OAA Secretariat, PO Box 3219 Barnes, London SW13 9XR, UK**
or fax to: **+44 (0)20 8741 0611** Tel: +44 (0)20 8741 1311 Email: secretariat@oaa-anaes.ac.uk